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CONFIRMATION NO. 6533

## \*BIBDATASHEET\*

Bib Data Sheet

SERIAL NUMBER 09/294,847	FILING DATE 04/20/1999  RULE	CLASS 704	GROUP ART UNIT 2655	ATTORNEY DOCKET NO. NUAN-00700
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### APPLICANTS

HY MURVEIT, PORTOLA VALLEY, CA;

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BEN SHAHSHAHANI, CAPITOLA, CA; CHRIS LEGGETTER, MOUNTAIN VIEW, CA;  
KATHERINE KNILL, MOUNTAIN VIEW, CA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 05/13/1999

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials				

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### TITLE

ADAPTIVE MULTI - PASS SPEECH RECOGNITION SYSTEM

FILING FEE  RECEIVED 896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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SERIAL NUMBER 09/294,847	FILING DATE 04/20/99	CLASS 704	GROUP ART UNIT 2741	ATTORNEY DOCKET NO. NUAN-00700
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APPLICANT

HY MURVEIT, PORTOLA VALLEY, CA; ASHVIN KANNAN, REDWOOD CITY, CA; BEN SHAHSHAHANI, CAPITOLA, CA; CHRIS LEGGETTER, MOUNTAIN VIEW, CA; KATHERINE KNILL, MOUNTAIN VIEW, CA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*  
VERIFIED

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*  
VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*  
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/13/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 6	TOTAL CLAIMS 60	INDEPENDENT CLAIMS 7
Verified and Acknowledged <u>MM</u> Examiner's Initials Initials						

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ADAPTIVE MULTI - PASS SPEECH RECOGNITION SYSTEM

FILING FEE RECEIVED  \$896	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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